

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTORS: Daniel John DiLorenzo  
ASSIGNEE: n/a  
SERIAL NUMBER: n/a  
DATE FILED: n/a  
TITLE: APPARATUS AND METHOD FOR CLOSED-LOOP  
INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF  
NEUROLOGICAL DISEASE  
ATTORNEY DOCKET: 4520 P

Mail Stop: PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 2231301450

**DECLARATION FOR PATENT APPLICATION**

Honorable Commissioner:

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled APPARATUS AND METHOD FOR CLOSED-LOOP INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF NEUROLOGICAL DISEASE, the specification of which

☒ is attached hereto  
☐ was filed on \_\_\_\_\_  
as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed
_____ (Number)	_____ (Country)	_____ (Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Prior Provisional Application(s)	
<u>60/095,413</u> (Application No.)	<u>August 5, 1998</u> (Filing Date)
<u>60/307,124</u> (Application No.)	<u>July 19, 2001</u> (Filing Date)
<u>60/427,699</u> (Application No.)	<u>November 20, 2002</u> (Filing Date)
<u>60/436,792</u> (Application No.)	<u>December 26, 2002</u> (Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior United States Application(s):		
<u>09/340,326</u> (Application No.)	<u>June 25, 1999</u> (Filing Date)	<u>Patented</u> (Status - patented, pending, abandoned)
<u>10/008,576</u> (Application No.)	<u>November 11, 2001</u> (Filing Date)	<u>Pending</u> (Status - patented, pending, abandoned)
<u>10/198,871</u> (Application No.)	<u>July 19, 2002</u> (Filing Date)	<u>Pending</u> (Status - patented, pending, abandoned)

## Power of Attorney

I hereby appoint Lloyd W. Sadler (Reg. No. 40,154) and Daniel P. McCarthy (Reg. No. 36,600) as my representatives and attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. All communications should be directed to Mr. Sadler at the following address or telephone number:

Lloyd W. Sadler  
PARSONS BEHLE & LATIMER  
201 South Main Street, Suite 1800  
Salt Lake City, Utah 84111  
(801) 532-1234 - telephone  
(801) 536-6111 - facsimile

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: Daniel John DiLorenzo.

Residence of inventor:

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Post Office Address of Inventor:

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_, Date: \_\_\_\_\_.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTORS: Daniel John DiLorenzo  
ASSIGNEE: n/a  
SERIAL NUMBER: n/a  
DATE FILED: n/a  
TITLE: APPARATUS AND METHOD FOR CLOSED-LOOP  
INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF  
NEUROLOGICAL DISEASE  
ATTORNEY DOCKET: 4520 P

Mail Stop: PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 2231301450

**VERIFIED STATEMENT (DECLARATION)  
CLAIMING SMALL ENTITY STATUS**

**--INDEPENDENT INVENTOR--  
(37 CFR 1.9(c), (f) and 1.27(b))**

Honorable Commissioner:

As the below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR § 1.9(c) for the purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled APPARATUS AND METHOD FOR CLOSED-LOOP INTRACRANIAL STIMULATION FOR OPTIMAL CONTROL OF NEUROLOGICAL DISEASE described in a patent application filed herewith.

I have not assigned, granted, conveyed or licensed and I am not under any obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR § 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR § 1.9(d) or a nonprofit organization under 37 CFR § 1.9(e).

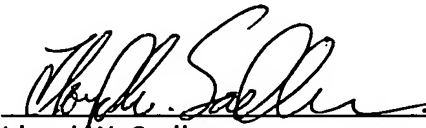
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the

due date on which status as a small entity is no longer appropriate. (37 CFR § 1.28(b)).

I hereby declare that all statements made herein are of my own knowledge and are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Signature of Inventor: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Inventor: Daniel John DiLorenzo

The inventor is presently unavailable. However, he has personally assured the applicant's attorney, that he is an independent inventor entitled to Small Entity Status.

Signature of Attorney:  Date: 11/20/2003  
Name of Attorney: Lloyd W. Sadler